Refer to: MB:BJ IA WA 4111.91.R2.03

Jessie K. Rasmussen, Director Department of Human Services Hoover State Office Building, 5th Floor Des Moines, Iowa 50319

Dear Ms. Rasmussen:

I am pleased to inform you that your request to amend Iowa's III and Handicapped home and community-based services waiver authorized under the provisions of section 1915(c) of the Social Security Act (the Act) has been approved effective May 1, 2001. The waiver amendment has been assigned control number 4111.91.R2.03. This number should be used in any subsequent correspondence.

This amendment is one of six similar amendments to the State's HCBS waivers allowing Personal Assistance Services (Consumer Directed Attendant Care) to be offered for job-related tasks at the work site.

- Adds MEPD (Medicaid Buy-In) as a coverage group,
- Amends the description of Consumer Directed Attendant Care to allow provision in the workplace and the addition of attorney under durable power of attorney for health care,
- Allows new services under this waiver (Home and Vehicle Modifications, home delivered meals, nutritional counseling and Personal Response System), and
- Allows children eligible for SSI to qualify for III and Handicapped waiver.

The following estimates of utilization and cost of waiver services have been approved:

<u>Period</u>	<u>Year</u>	<u>C</u>	<u>X</u>	<u>D</u>		<u>Total</u>	
11/1/00 - 10/31/01	4	1,419		\$	9,742	\$	13,824,494
11/1/01 - 10/31/02	5	1,660		\$	10,018	\$	16,624,922

Page 2 – Jessie K. Rasmussen

We conclude that information provided in your original request and in the additional information supplied conforms to the requirements of statute and regulations. We appreciate the effort and cooperation provided by your staff. If you should have any questions about this matter, please contact Brenda Jackson at (816) 426-3406.

Sincerely,

Joe L. Tilghman Regional Administrator

cc: Dennis Headlee

bcc: MJ Duckett MK Mullen Wvr Team P Luce JACKSON:pl

Home and Community-Based Services

EXECUTIVE SUMMARY

STATE: lowa		WAIVER NO. IA4111 91 R2 03 Approval.doc					
20th da	ıy	32 nd Day	90 th Day <u>5/6/2001</u>				
CO Ana	alyst:						
1.	TYPE O	F REQUEST (c	check one)				
	Initial	Renewal	Amendme	nt/Modifica	ationX_		
2.	TARGE	T POPULATIO	N (check th	ose appro	priate)		
_	AGED			_X_	PHYSICALLY	DISABLED	
_	CHILDREN	l (ages covered))		AGED DISA	BLED	
_	ADULTS				MR		
_	DD						
_	MENTALLY	/ ILL/HEALTH			MR/DD		
_	ТВІ				AIDS		
_	CONSUME	R DIRECTED			TECHNOLOG	SY/MEDICALLY	FRAGILE
	HEAD INJU	JRED			OTHER		
3.		R SERVICES (S	Show all ser	rvices. (*)	Those added b	y current action.)
—	maker						
Respite							
Adult Day Care							
Counseling							
CDAC Home Health Aide							
Nursing Care							
Interim Medicaid Monitoring and Treatment							
Home delivered meals*							
Home and Vehicle Modifications*							
-	onal couns						
Personal Response System*							

4.	MPORTANT DATES					
	e Current Action Received by RO/CO 2/5/01					
	Initial Waiver # 40111 Approved 4/17/01 Effective 7/1/91 Renewal 4111.91.R2 Approved 11/12/97 Effective 11/1/97					
	EXTENSION time frame					
5.	ANGES REQUESTED					
•	Adds MEPD (Medicaid Buy-In) as a coverage group,					
•	Amends the description of Consumer Directed Attendant Care to allow provision in the workplace and the addition of attorney under durable power of attorney for health care,					
•	Allows new services under this waiver (Home and Vehicle Modifications, home delivered meals, nutritional counseling and Personal Response System), and					
•	Allows children eligible for SSI to qualify for III and Handicapped waiver.					
6.	CURRENT ACTION RECOMMENDATION - APPROVAL X DISAPPROVAL Rationale: The Medicaid Division waiver review team has reviewed the above waiver and has found that the proposed waiver action meets the requirements of the Act and Regulations.					
Waiver Te	am Member Signature Phone Date					
Brenda Jackson, State Representative						
Mark Byler, Finance						
Sharon Taggart, Coordinator						
Barbara C	otterman, Eligibility					
Kathy Lord, Services						